



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-032642

LOCAL FILE NUMBER: 2974

DATE ISSUED: 07/26/2018

FEE NUMBER: 310718

FIRST AND MIDDLE NAME(S): ROSEMARY FRANCES

LAST NAME(S): TORGESEN

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: JULY 20, 2018

HOUR OF DEATH: 08:07 PM

SEX: FEMALE

AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [5a], [5c]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 19, 1939

BIRTHPLACE: MILWAUKEE, WI

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: DOUGLAS TORGESEN

RELATIONSHIP: SON

ADDRESS: [REDACTED] TULALIP WA 98271

CAUSE OF DEATH:

A: MALNUTRITION AND FAILURE TO THRIVE

INTERVAL: WEEKS

B: DECOMPENSATED SCHIZOAFFECTIVE DISORDER WITH PSYCHOSIS

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RIGHT HIP FRACTURE, RIGHT HUMERUS FRACTURE, CONGESTIVE HEART FAILURE

DATE OF INJURY: UNKNOWN

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: CARE CENTER

LOCATION OF INJURY: 3955 156TH STREET NE

CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98271

COUNTY: SNOHOMISH

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: [REDACTED]

CITY, STATE, ZIP: TULALIP, WA 98271

INSIDE CITY LIMITS: NO

COUNTY: SNOHOMISH

TRIBAL RESERVATION: TULALIP

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: EDWARD COSTIGAN

MOTHER/PARENT: FRANCES BARRY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

CITY, STATE: MARYSVILLE, WASHINGTON

DISPOSITION DATE: JULY 25, 2018

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY

ADDRESS: 1321 STATE AVE

CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270

FUNERAL DIRECTOR: GINA L. LANDERHOLM

MANNER OF DEATH: ACCIDENT

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DANIEL M. SELOVE, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 9509 29TH AVENUE WEST

CITY, STATE, ZIP: EVERETT, WA 98204

DATE SIGNED: JULY 25, 2018

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: SCME 180725-174

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JESSICA L. DYKSTRA

DATE RECEIVED: JULY 25, 2018